

6 October 2010

**By Courier**

Our Ref: BKL101006A

The Chambers of the Honorable James M Peck  
One Bowling Green  
New York  
New York 10004  
Courtroom 601

Dear Mr James M Peck

**RE: RESPONSE TO OMNIBUS OBJECTION TO CLAIMS  
(LATE – FILED LEHMAN PROGRAMS SECURITIES CLAIMS)**

Claim's Information		
<b>Creditor Name and Address:</b> Yiu Yuen On Paul Flat 7D, Wing On Court 24 Ho Man Tin Hill Road Kowloon, Hong Kong Contact Telephone No: 23811110 / 91623399 / 27399335 Email: yopaulyiu@gmail.com	<b>Claim Number:</b>	64396
	<b>Date Filed:</b>	11/3/2009
	<b>Debtor:</b>	08-13555 Lehman Brothers Holdings Inc
	<b>Classification and Amount:</b>	<b>UNSECURED: \$500,000.00 UNLIQUIDATED</b>
	<b>Bankruptcy Court:</b>	<b>United States Bankruptcy Court for the Southern District of New York</b>

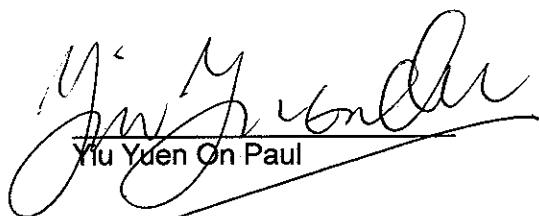
On October 12, 2009, I duly completed and sent out by air mail to United States Bankruptcy Court/Southern District of New York my claims as listed in the Lehman Securities Proof of Claim enclosed herein. As far as I understand from the way the postal system for Hong Kong operates, the Proof of Claims should have reached on or about October 26, 2009 and in any event, prior to the November 2, 2009 bar date.

In addition, if for whatever reason, the Proof of Claims was received late on November 3, 2009, I do not with all due respect believe that it has caused any real or substantial prejudice to the debtor, or cause any delay, or have any significant adverse on the ongoing proceedings.

As any late filing is not attributable to my mistake or conduct in any way and is beyond my control, I urge you to reconsider the position and admit the Proof of Claims or deem it as timely filed. I enclose evidence in support of my position and believed that the Proof of Claims should not have been filed late in the circumstances.

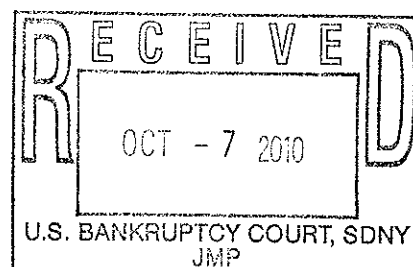
Thanks for your kind consideration.

Yours sincerely

  
Yiu Yuen On Paul

PY/ft

Encl



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646 282 2400

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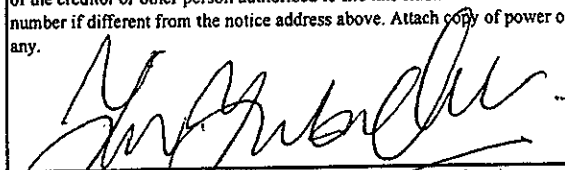
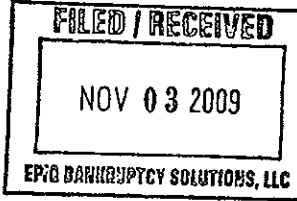
### Lehman Brothers Holdings Inc. (Chapter 11)

Filed Claims and Schedules					
Claim #	64396	Name Starts With	Yiu Yuen On Paul	Debtor	Lehman Brothers Holdings, Inc
Schedule #		Total Claim Value	Equals	Scope	Claims and Schedules
Claim Date Range			to		
Order By	Creditor Name	Results Per Page	10	Search	Clear
Page 1 of 1			Page		Go
Claim #	Schedule #	Creditor Name	Date	Total Claim Value	
64396		YIU YUEN ON PAUL	11/3/2009	\$500,000.00	image
Claims 1-1 of 1					

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United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000064396	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) Yiu Yuen On Paul Flat 7D Wing On Court 24 Ho Man Tin Hill Road Kowloon Hong Kong 23 8/11/10 Janytsang@jotincan.com.hk		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Telephone number: _____ Email Address: _____ Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.	
Telephone number: _____ Email Address: _____			
1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for Lehman Programs Security to which this claim relates. Creditor holds USD 500,000 (as at 15 September 2008) in aggregate face value of the Lehman Program Security described herein, and asserts a claim in an amount to be determined. (please see schedule attached) Amount of Claim: \$ (as statement above) (Required) <input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates. International Securities Identification Number (ISIN): (please see schedule attached) (Required)			
3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: (please see schedule attached) (Required)			
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers. Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account number: (please see schedule attached) (Required)			
5. Consent to Euroclear Bank, Clearstream Bank or other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		FOR COURT USE ONLY	
Date: 10 Oct 09	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			



*United States Bankruptcy Court/Southern District of New York*  
Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, P.O. Box 5076  
New York, NY 10150-5076